

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

### NURSING AID SYSTEM

the specification of which (check only one item below)

- ☒ [X] is attached hereto.
- ☐ [ ] was filed as United States Application Serial No. \_\_\_\_\_  
on \_\_\_\_\_ and (if applicable) was amended on \_\_\_\_\_
- ☐ [ ] was filed as PCT international application No. \_\_\_\_\_  
on \_\_\_\_\_ and (if applicable) was amended under PCT  
Article 19 on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above and that I have disclosed the best mode for carrying out the invention as of the filing date of the application. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Sec. 1.56 (a).

☒ [X] In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

### **Foreign Application(s) and/or Claim of Foreign Priority**

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: None

### **U.S. Priority Claim**

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations Sec. 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application: None

**Power of Attorney**

I hereby appoint W. Norman Roth, Registration No. 26,225 having the following address:

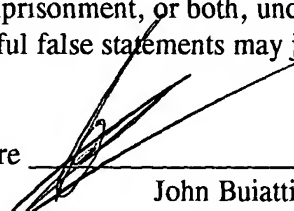
ROTH & GOLDMAN, P.A.  
523 West 6th Street, Suite 707  
Los Angeles, CA 90014

my attorney, with full power of substitution, power of appointment of an associate attorney and power of revocation, to prosecute this application, to make alterations and amendments therein, to sign the drawings, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent.

Address all telephone calls to W. Norman Roth at telephone number (213) 688-1143. Address all correspondence to W. Norman Roth.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

First Inventor's Signature



John Buiatti

Date

9-11-03

Residence: 30013 N. Cambridge Ave., Castaic, CA 91384

Citizenship: USA

Post Office Address (if different from residence address)